

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 002627	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/26/2013
NAME OF PROVIDER OR SUPPLIER BRENTWOOD AT HOBART		STREET ADDRESS, CITY, STATE, ZIP CODE 1420 ST MARY CIR HOBART, IN 46342		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00131358 and IN00138216.</p> <p>Complaint IN00131358- Substantiated. No deficiencies related to the allegation are cited.</p> <p>Complaint IN00138216- Unsubstantiated due to a lack of evidence.</p> <p>Survey date: December 26, 2013</p> <p>Facility number: 002627 Provider number: 002627 AIM number: N/A</p> <p>Survey team: Caitlyn Doyle, RN,TC Jennifer Redlin, RN Heather Hite, RN</p> <p>Census bed type: Residential: 99 Total: 99</p> <p>Census Payor type: Other: 99 Total: 99</p> <p>Sample: 7</p> <p>Brentwood at Hobart was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaints IN00131358 and IN00138216.</p> <p>Quality review completed on December 27, 2013, by Janelyn Kulik, RN.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE